

Dkt. 94150CONT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JCS41 U.S. PRO
09/819095
04/26/01

In re Application of:

MICHAEL J. HOLLITT et al

Serial No. 08/935,108

Filed: September 29, 1997

For: UPGRADING TITANIFEROUS MATERIAL

Group Art Unit: 1103

SECOND PRELIMINARY AMENDMENT

Honorable Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

Please amend the above-identified application as follows:

IN THE SPECIFICATION:

Page 1, between lines 1 and 3, insert:

--BACKGROUND OF THE INVENTION--.

Page 7, between lines 17 and 19, insert:

--SUMMARY OF THE INVENTION--.

Page 8, between lines 20 and 22, insert:

--DETAILED DESCRIPTION OF THE INVENTION--.

IN THE CLAIMS:

Page 19, line 1, change "CLAIMS" to

RECEIVED
JUN 27 2001
TC 1700

RECEIVED
JUN 27 2001
TC 1700

RECEIVED
JUN 27
TC 17

DUE DATE:	Docket No: 94150CONT/Griff/IS		
Applicant:	Michael J. HOLLITT et al	Mail Room	Group 1103 7cd
SN/PN:	08/935,108	PCT	Other
Title: <u>UPGRADING TITANIFEROUS MATERIAL</u>			
<input type="checkbox"/> Declaration		Assignment	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Priority Document(s) (#)			
<input type="checkbox"/> IDS 1449		No. Documents:	<input type="checkbox"/> DOE Statement
<input type="checkbox"/> Restriction Response		SECOND	<input type="checkbox"/> OA Response
<input checked="" type="checkbox"/> Preliminary/Supplementary Amendment		<input type="checkbox"/> Letter	
<input type="checkbox"/> Terminal Disclaimer		<input type="checkbox"/> AAFR	
<input type="checkbox"/> Notice of Appeal		<input type="checkbox"/> Reply Brief	
<input type="checkbox"/> Appeal Brief (triplicate)		<input type="checkbox"/> Disclosure Document	
<input type="checkbox"/> Petition (type)			
<input type="checkbox"/> Request for -mth extension of time		<input type="checkbox"/> BTO Form #	
<input type="checkbox"/> Drawings No. Sheets		<input type="checkbox"/> Maintenance Fee(s)	
<input type="checkbox"/> Issue Fee(s) \$			
<input checked="" type="checkbox"/> Other Fees \$ 66.00		For Three extra dependent claims.	
<input type="checkbox"/> Total Fees \$		<input type="checkbox"/> Check	<input type="checkbox"/> Deposit Account
Other: _____			